

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035082

1. Entity Name

ARBE, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90202 003 \*\*\*150.00

Principal Place of Business

2848 N.E. 37TH CT.  
FT. LAUDERDALE FL 33308  
US

Mailing Address

2848 N.E. 37TH CT.  
FT. LAUDERDALE FL 33308

763941



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: 59-3186570

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTER, ROBERT B, ESTATE OF  
2848 N.E. 37TH CT.  
FT. LAUDERDALE FL 33308

Date of Death Feb 13, 2001

Name  
FRANK C. WALKER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
600 NORTHEAST THIRD AVENUE

City FORT LAUDERDALE FL Zip Code 33304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida.

SIGNATURE

*Frank C. Walker*

4-30-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME D WINTER, ROBERT B, ESTATE OF  
STREET ADDRESS 2848 N.E. 37TH CT.  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE NAME ESTATE OF ROBERT B. WINTER ☒ Change ☐ Addition  
STREET ADDRESS c/o FRANK C. WALKER, ESQ.  
CITY-ST-ZIP 600 N.E. 3rd AVENUE  
FORT LAUDERDALE, FL 33304

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Frank C. Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)